

The Oklahoma Department of Mental Health and Substance Abuse Services

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Lead Administrator: Terri White, Commissioner of the ODMHSAS

FY'17 Projected Division/Program Funding By Source					
	Appropriations	Federal	Revolving	Local	Total
Central Administration	\$7,875,245	\$598,979	\$1,673,446	\$0	\$10,147,670
Inpatient Hospitals	\$45,898,182	\$935,115	\$10,871,539	\$0	\$57,704,836
Community Based Svcs	\$232,003,893	\$37,520,414	\$36,246,655	\$0	\$314,173,654
CMHCs	\$33,033,887	\$796,039	\$15,614,697	\$0	\$49,444,623
Prevention Services	\$2,485,178	\$11,646,197	\$1,262,594	\$0	\$15,393,969
Information Services	\$3,526,700	\$481,740	\$1,004,607	\$0	\$5,013,047
Total	\$324,823,085	\$51,978,484	\$66,673,538	\$0	\$451,877,799

* Current FY-17 BWP including revision #2

FY'16 Carryover and Refund by Funding Source					
	Appropriations	Federal	Revolving	Local	Other*
FY'16 Carryover	\$ -	\$ -	\$ 475,173	\$ -	\$ 475,173
FY'16 GR Refund**	\$8,402,692				\$8,402,692

*Source of "Other" and % of "Other" total for each.

**The FY-16 GR that was returned to ODMHSAS was budgeted in FY-17 for the Title XIX program.

What Changes did the Agency Make between FY'16 and FY'17?

1.) Are there any services no longer provided because of budget cuts?

Psychotherapy cuts were forced due to cut appropriations. This impacted over 73,000 service recipients who either lost or experienced significantly reduced services.

2.) What services are provided at a higher cost to the user?

No changes were made to the ODMHSAS fee structure.

3.) What services are still provided but with a slower response rate?

No additional changes were made to ODMHSAS service delivery.

4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document attached.

FY'18 Requested Division/Program Funding By Source							
	Appropriations	Federal	Revolving	Other	Total	% Change	
Central Administration	\$7,875,245	\$598,979	\$1,673,446	\$0	\$10,147,670	0.00%	
Inpatient Hospitals	\$45,898,182	\$935,115	\$10,871,539	\$0	\$57,704,836	0.00%	
Community Based Svcs	\$420,394,143	\$37,520,414	\$36,246,655	\$0	\$494,161,212	57.29%	
CMHCs	\$33,033,887	\$796,039	\$15,614,697	\$0	\$49,444,623	0.00%	
Prevention Services	\$3,530,178	\$11,646,197	\$1,262,594	\$0	\$16,438,969	6.79%	
Information Services	\$3,526,700	\$481,740	\$998,607	\$0	\$5,007,047	-0.12%	
Total	\$514,258,335	\$51,978,484	\$66,667,538	\$0	\$632,904,357	40.06%	

*Source of "Other" and % of "Other" total for each.

FY'18 Top Five Appropriation Funding Requests

	\$ Amount
1 Maintain existing programs	\$34,960,007
2 Alcohol Dependence Treatment and Prevention	\$37,817,372
3 Smart on Crime Initiative	\$96,610,000
4 Improving Behavioral Health Access for Oklahoma's Health and Safety	\$12,600,179
5 Saving Lives and Families through Suicide Prevention	\$450,000

Top Five FY-18 Requests \$ 182,437,558.00

How would the agency handle a 5% appropriation reduction in FY'18?

A flat budget is in itself a reduction of \$34.9 M, the cost of maintaining services at the current level. Using an average cost for services of \$2,000 per person (inpatient, residential and outpatient services combined), this would mean a loss of treatment services to approximately 17,480 Oklahomans. An additional 5% cut to appropriations would be another \$16.2 M cut to treatment services on top of unmet maintenance needs. That could mean the elimination of treatment services for another 8,100 Oklahomans. A combined cut to maintenance needs and a 5% cut to appropriations would mean a \$51.2 M treatment loss and 25,580 Oklahomans impacted. Cuts would be experienced by both public and private providers and could result in closing satellite facilities, reducing hours, reducing services below clinical indicators, or through other actions that will adversely affect the health of Oklahomans (as well as local economies). Specifically, when individuals do not receive needed services, we see an increase in crisis situations, requiring increased law enforcement transportation and criminal justice system involvement, emergency room admissions, and foster care involvement. Additionally, federal funding could be reduced if state appropriations do not address maintenance needs and appropriations are cut by 5%.

How would the agency handle a 7.5% appropriation reduction in FY'18?

A flat budget is in itself a reduction of \$34.9 M, the cost of maintaining services at the current level. Using an average cost for services of \$2,000 per person (inpatient, residential and outpatient services combined), this would mean a loss of treatment services to approximately 17,480 Oklahomans. An additional 7.5% cut to appropriations would be another \$24.36 M cut to treatment services on top of unmet maintenance needs. That could mean the elimination of treatment services for another 12,180 Oklahomans. A combined cut to maintenance needs and a 7.5% cut to appropriations would mean a \$59.3 M treatment loss and 29,660 Oklahomans impacted. Cuts would be experienced by both public and private providers and could result in closing satellite facilities, reducing hours, reducing services below clinical indicators, or through other actions that will adversely affect the health of Oklahomans (as well as local economies). Specifically, when individuals do not receive needed services, we see an increase in crisis situations, requiring increased law enforcement transportation and criminal justice system involvement, emergency room admissions, and foster care involvement. Additionally, federal funding could be reduced if state appropriations do not address maintenance needs and appropriations are cut by 7.5%.

How would the agency handle a 10% appropriation reduction in FY'18?

A flat budget is in itself a reduction of \$34.9 M, the cost of maintaining services at the current level. Using an average cost for services of \$2,000 per person (inpatient, residential and outpatient services combined), this would mean a loss of treatment services to approximately 17,480 Oklahomans. An additional 10% cut to appropriations would be another \$32.48 M cut to treatment services on top of unmet maintenance needs. That could mean the elimination of treatment services for another 16,240 Oklahomans. A combined cut to maintenance needs and a 10% cut to appropriations would mean a \$67.4 M treatment loss and 33,720 Oklahomans impacted. Cuts would be experienced by both public and private providers and could result in closing satellite facilities, reducing hours, reducing services below clinical indicators, or through other actions that will adversely affect the health of Oklahomans (as well as local economies). Specifically, when individuals do not receive needed services, we see an increase in crisis situations, requiring increased law enforcement transportation and criminal justice system involvement, emergency room admissions, and foster care involvement. Additionally, federal funding could be reduced if state appropriations do not address maintenance needs and appropriations are cut by 10%.

Is the agency seeking any fee increases for FY'18?

	\$ Amount
ODMHSAS is requesting an increase in certification fees, which will enable this function to be self-sustaining and avoid diverting desperately needed state-appropriated dollars for prevention and treatment.	\$700 per certification increase \$0 \$0

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

1 Generator for Jim Taliaferro CMHC	\$250,000
2 Renovation of McClendon Building at the Northwest Center for Behavioral Health	\$100,000
3 Storm shelters for the Childrens Recovery Center and the Rose Rock Recovery Center.	\$1,300,000.00
Total	\$1,650,000

Federal Government Impact

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

None - The agency provides state match for the Medicaid program but does not receive the corresponding federal dollars.

2.) Are any of those funds inadequate to pay for the federal mandate?

No

3.) What would the consequences be of ending all of the federal funded programs for your agency?

Ending block and categorical grants will result in a 11.4% reduction of Mental Health and Substance Abuse Treatment and Prevention services. In addition, ending Federal Medicaid Participation will cost the State over \$350M in behavioral health services.

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

Any budget cut to the \$51.9M in federal funds received by the agency will result in the reduction and/or elimination of the respective programs. Homeless grant, Shelter grant, SPF SIF grant, Drug Court Expansion grant, OK Adult State Wide Category grant, and Youth Suicide Prevention grant etc. will be reduced and/or eliminated to absorb reduced funding.

5.) Has the agency requested any additional federal earmarks or increases?

ODMHSAS applies for new categorical grants each year.

Division and Program Descriptions

Central Administration

The Central Administration program provides administration, direction, planning and technical assistance to facilities operated by the Department as well as to contract providers. It sets standards, policies and goals for programs and monitors programs to ensure required criteria are met. Additionally, Central Administration performs evaluations and data analysis and maintains an automated information system of clients receiving services.

Inpatient Hospitals

These hospitals (one for adults and one for youth) provide acute inpatient psychiatric care for individuals residing in community mental health center service areas who do not have psychiatric inpatient care available or longer term care for individuals who are a danger to themselves or others and are unable to temporarily function in a community setting. The Oklahoma Forensic Center conducts forensic evaluations for the judicial system and provides inpatient care for persons found not guilty by reason of insanity.

Community Based Treatment and Recovery Services

The department oversees a statewide program to administer both inpatient/residential and outpatient community-based mental health and substance abuse treatment services for qualifying Oklahomans. This is accomplished through utilization of a statewide public/private provider network. The majority of services are delivered through locally contracted provider organizations.

Mental Health Programs – This includes the delivery of mental health services across all age spectrums and severity of illness including community-based outpatient services, crisis intervention and inpatient services. Included in this are initiatives to serve higher risk populations (PACT, Screening Programs, Day Treatment, etc.) The department follows a tiered delivery of services designed to serve the most severely ill first. This approach is based on key principles that stress the following:

- Crisis intervention will be available to all in need. Longer-term services will be targeted to those most in need.
- A thorough face-to-face evaluation of the need for mental health services will be conducted for anyone meeting financial need criteria.
- Persons meeting defined diagnostic criteria will receive services on a timely basis, within uniformly defined time frames.
- Continuity of care between inpatient and outpatient providers will be emphasized.
- Needs are prioritized and resources carefully directed to ensure a standard of excellence for services that are delivered

Substance Abuse Programs- This includes the delivery of residential and outpatient substance abuse services such as medically supervised detoxification, non-medical detoxification, residential treatment, day treatment, sober living, DUI school, Drug Court and other outpatient services. More than one hundred private non-profit contractors and state operated facilities provide substance abuse programs. The intent is to provide a continuum of services to individuals with substance abuse disorders so they may return as sober and productive members of society.

Community Mental Health Centers

ODMHSAS is responsible for a statewide network of community mental health centers (CMHC) which provide a wide variety of services including case management for adults and children, crisis intervention, psychiatric rehabilitation, medication services, and other outpatient mental health services. Additionally, community based programs include non-traditional services such as housing, employment services, peer advocacy, drop in centers, and consumer run services.

Prevention Services

Prevention services include oversight and delivery of initiatives targeting communities throughout the state. The department oversees a network of contracted Regional Prevention Coordinators to conduct localized prevention efforts, as well as overseeing the delivery of targeted statewide initiatives such as TakeasPrescribed and the campaign to reduce prescription drug abuse, suicide prevention, 2M2L underage drinking initiative, SYNAIR compliance enforcement and reporting, PACT360, SBIRT, Mental Health First Aid and a variety of other noteworthy efforts. Additionally, the department operates a publicly accessible statewide prevention clearinghouse to provide support information and materials to Oklahomans.

FY'17 Budgeted FTE						
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
Central Administration	33	0	102	25	61	16
Inpatient Hospitals	65	420	393	589	197	27
Community Based Svcs	28	1	116	28	83	6
CMHCs	92	224	459	425	217	41
Prevention Services	9	0	24	2	21	1
Information Services	1	0	6	1	4	1
Total	228	645	1100	1070	583	92

	FTE History				
	2017 Budgeted	2016	2013	2010	2006
Central Administration	104	111	118	140	119
Inpatient Hospitals	801	832	971	1088	810
Community Based Svcs	114	108	94	258	1028
CMHCs	703	691	657	704	0
Prevention Services	22	27	25	0	0
Residential Care Svcs	0	0	0	0	0
Information Services	7	7	7	6	0
Total	1751	1776	1872	2196	1957

Performance Measure Review					
	FY'16	FY'15	FY'14	FY'13	FY'12
Measure I	3	3	3	3	3
Maintain the wait time between first contact and face-to-face visit for behavioral health treatment to less than 3 days every year through 2018.					
Measure II	19.70%	20.70%	20.80%	21.40%	20.60%
Maintain the percentage of individuals receiving inpatient or crisis unit care who return within 180 days at 20% or below every year through 2018.					
Measure III	22.30%	23.50%	24.10%	24.20%	22.90%
Maintain the percentage of participants in mental health reentry programs returning to prison within 36 months at 24.2% or below every year through 2017.					

Revolving Funds (200 Series Funds)			
	FY'14-16 Avg. Revenues	FY'14-16 Avg. Expenditures	June '16 Balance*
Department of Mental Health Revolving Fund This fund receives multiple revenues including, Medicaid Reimbursement, Interagency Reimbursements, Tobacco Tax, Unclaimed	\$65,563,427	\$66,557,265	\$5,696,933
Drug Abuse Education and Treatment Fund This funds receives court fines from various counties in Oklahoma that administer drug court programs.	\$587,217	\$624,481	\$306,752
Capital Outlay Fund This fund is used for capital expenditures.	\$22,377	\$48,200	\$11,853
Group Housing Loan Revolving Fund This fund receives interest on a corpus that is held by a third party to provide Housing Loans.	\$4,243	\$3,490	\$3,010
Community-Based Substance Abuse Rev Fund This fund receives revenue from Beverage Licenses sales, DUI trainings and ADSAC assessments fees.	\$944,149	\$1,139,461	\$496,592
Prevention of Youth Access to Alcohol Fund This fund receives revenue from juvenile court fines	\$19,807	\$0	\$112,508
Medicaid Disallowance Fund This fund holds funds for disallowances related to ODMHSAS Title XIX program.	\$289,126	\$0	\$922,501

*This balance represents a snapshot in time and due to the pass through nature of ODMHSAS revenue if the balances were pulled on another day, they may be significantly different. For example on August 13th, 2015 the balance in the ODMHSAS Revolving fund was \$478,653.